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the number would be greatly increased if the trustees of hospitals and public health organizations more generally realized the increased usefulness of such nurses. It is undoubtedly the surest way of providing well qualified teachers and administrators for schools of nursing. Those who come on scholarships, therefore, have a fairly definite objective. Others come from mixed motives. Increased financial rewards seem to be a secondary consideration with most students in this department. Many of the younger ones come because of the imperious demand from within for something broader than training school or experience have yet given. Older students come from fear of what Dr. Lyman Abbott, that splendidly young old man of eighty-five, calls the dead line of fifty, (which he has not yet reached!) or, more frequently, because they have found that they cannot even approximate their own aspirations without further study. Whatever the motive, the results are almost invariably a vastly increased vision and spacious-mindedness and more new found enthusiasm for nursing, which they have come to see as an exceedingly important part of the world's effort toward a higher civilization, that makes them eager to return to the field.

A SIMPLE METHOD OF PROCURING BLOOD FOR DIAGNOSIS FROM INFANTS

BY ALICE HAEHNLEN, R.N.

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In the very excellent article on The Value of the Wasserman Reaction in the Diagnosis and Treatment of Syphilis, by Marie X. Long, published in the March issue of THE AMERICAN JOURNAL OF NURSING, we are advised that in taking the blood "in children the big toe is sometimes used, or the heel, while in very young children, the external juglar or the temporal vein must be used." When we consider the difficulty encountered in trying to enter a vein the size of the median basilic or even the femoral in infancy and compare the ease with which the sinus located at the posterior aspect of the anterior fontanel can be entered, the physician's choice will readily fall in favor of the sinus route. The shock incident to the exposure of a vein and the loss of time encountered thereby are factors to be borne in mind when an easier, safer, and more rapid method offers itself. The risk of infection if one exposes the juglar, femoral, or median basilic vein must not be overlooked, especially in the weakened and puny infant.

Whereas, formerly, it took from twenty to thirty minutes to expose and enter a vein, in an infant one or two months old, by the sinus route, sufficient blood for a Wasserman test, or a blood culture, can be aspirated within as many seconds. The method is so simple that even an inexperienced operator does not hesitate to try it.

Helmholz, of Chicago; Dunn, Howell, and Vincent, of Boston; Earl Tarr of Montreal; Lambert, Fischer and Peterson of New York, all advocate the use of the sinus route in preference to any other method. It is the method used exclusively in the Infantorium, New York City.

Danger of Traumatism. Tarr, of Montreal, reports a case in which the sinus was entered twenty-one times during the course of ten days (this route was used for treatments by injection) and no evidence of trauma was noted at autopsy. In twelve other cases that came to autopsy the vein was examined carefully and not the slightest evidence of a puncture was noted. These cases had been punctured from one to ten times and all were examined within three hours after reaching the autopsy room. There are a few points which must be carefully noted in procuring blood by this method. Carefully done, there is no danger of infection or of perforating the interior wall of the sinus, nor is there any shock following the operation.

Technique. The scalp in the region of the posterior angle of the fontanel should be rendered aseptic. The infant wrapped in a mummy bandage, well pinned so that the arms and legs are confined, is placed flat on its back on a table. The head should be steadied on both sides by an assistant while the needle is inserted into the sinus.

As a rule the sinus can be entered through the anterior fontanel up to the end of the second year. Anatomically the sinus does not vary. It grows wider towards the back of the head, hence a point as far posterior as possible is always utilized. As the needle is pushed through the anterior angle of the fontanel it is directed downward and backward in line with the sagittal suture. The landmarks are positive, and with but little practice one cannot fail to enter the sinus. As the sinus lies very superficial it is not necessary to go deeper than 1 or 2 mm. For this purpose a needle one-half inch long of a 20 or 22 gauge, with a sharp point, is best adapted. For withdrawing blood a Luer or Record syringe should be attached directly or by means of a two-inch rubber tube, if preferred.

As the needle penetrates the sinus, resistance is lessened and the same sensation is encountered which is felt when the needle enters the dura in doing a lumbar puncture. Sufficient blood is then aspirated for diagnostic purposes.

There is no danger of losing too much blood by the puncture even

though a large needle is used. The puncture seals itself, and the site is covered with a sterile plaster. There is no disturbance of respiration or pulse, neither is there vomiting, as there is no increased intracranial pressure. Unless a special indication exists, neither local nor general anesthesia need be given.

At the Infantorium this same route is also used to give salvarsan and neo-salvarsan injections, and transfusions of citrated blood. Also normal saline solutions and steril serums are injected during or following atrophic conditions due to enterocolitis.

PUBLIC HEALTH NURSING IN THE NEAR EAST

BY HELEN TEAL, R.N.

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When a telegram from the American Red Cross, Lake Division Headquarters, came asking me if I could accept an appointment with a relief unit being formed to accompany the "Armenian and Syrian Relief Commission," I wired "Yes," and then got out a geography. Like many others, I did not discover Armenia and was mighty uncertain whether or not I had found Syria on the map. Arrival in New York enlightened me as to our destination being Turkey in Asia, but for facts about that land, we could none of us bring forth much definite information. So Ambassador Morgenthau's book on "Turkey," and others by certain missionaries became very popular on our voyage out. We learned of a land undeveloped before the war, so much desired by the Germans, that they had built a railroad through the length of it, and of a land where two religions,—the Moslem and the Christian,—were pitted against one another, and where until peace was declared the Moslem had been master of the country. I, for my part, was rather puzzled over the missionaries' expressed affection for a land which required delousers, tincture of delphinine, and naphthaline bands to assure only one occupant to one's personal outfit. It seemed strange that sane Americans could look forward with such keen anticipation to a land where no government existed, and where one was a law unto himself, such as their animated conversation taught us. One morning we arrived in Constantinople, the city whose water front thrills and excites one, while inviting him to come on shore and investigate. We had reached the Near East and another life! We felt the pulse of it, we tingled with it and liked it, even though on every hand were evidences of poverty, pauperism and dirt unspeakable.